

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-040613

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 206 Primary Registration District No. 3042 Registrar's No. 106

FILED OCT 23 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>MADISON</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) <u>FREDERICKTOWN</u> Length of stay in 1b <u>19 YRS</u>	a. STATE <u>MO.</u>	b. COUNTY <u>MADISON</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>311 E MARVIN</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>FREDERICKTOWN</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS <u>311 E MARVIN</u>	(If outside, give location)	d. STREET ADDRESS <u>311 E MARVIN</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First <u>ALMA</u> Middle <u>FANNIE</u> Last <u>MILLS.</u>		Month <u>OCT</u> Day <u>17</u> Year <u>1963</u>	
5. SEX <u>FM.</u>	6. COLOR OR RACE <u>W.</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>NOV 21 1946</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ELVIN'S. MO.</u>	9. AGE (last birthday) <u>56</u>
13a. FATHER'S NAME <u>PETER T PROBST</u>		13b. MOTHER'S MAIDEN NAME <u>ROWENA L. BERG-</u>	14. NAME OF HUSBAND OR WIFE <u>ARCHIE MILLS (DEC)</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	17. INFORMANT <u>DON MILLS. FREDERICKTOWN</u>
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Central Nervous System Respiratory Failure</u>		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Metastatic Carcinoma</u>			
DUE TO (c) <u>Liver Failure</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Liver Failure</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>1:30p</u> Month, Day, Year <u>August 2, '63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>FREDERICKTOWN, MISSOURI</u>	20f. CITY, TOWN, OR LOCATION <u>FREDERICKTOWN, MISSOURI</u>		
21. I attended the deceased from <u>August 2, '63</u> to <u>October 17, '63</u> and last saw him/her alive on <u>October 17, 1963</u>		21. I attended the deceased from <u>August 2, '63</u> to <u>October 17, '63</u> and last saw him/her alive on <u>October 17, 1963</u>	
22a. SIGNATURE <u>Arthur D. Newcomb M.D.</u> (Degree or title)		22b. ADDRESS <u>115 So. Wood Avenue Fredericktown, Missouri</u>	
22c. DATE SIGNED <u>10-21-63</u>		22d. LOCATION (City, town, or county) (State) <u>BOLLINGER Co. MO.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>10-20-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>UNION LIGHT.</u>	23d. LOCATION (City, town, or county) (State) <u>BOLLINGER Co. MO.</u>
24. FUNERAL DIRECTOR <u>Ray Wilson</u> ADDRESS <u>FREDERICKTOWN MO</u>		25. DATE RECD. BY LOCAL REG. <u>10-21-63</u>	
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

DATE AMENDED

1 0621

2 0621

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8 1992

9 1992

10 90-0

11 1-0

12 1-0

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Raymond B. Wilson

Licensed Embalmer No. 4884

P. O. Address Fredericktown mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.